

**AML CONTRACTOR INFORMATION FORM**

You must complete this form to obtain an AVS data evaluation to determine your eligibility as a contractor. This is an AML contractor and/or sub-contractor. This is requirement under 30 CFR 874.16.

**Part A: General Information**

Contractor Name: \_\_\_\_\_ Tax Payer ID No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: No.: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Part B: Legal Structure**

☐ Corporation      ☐ Sole Proprietorship      ☐ Partnership      ☐ LLC  
☐ Other (please specify) \_\_\_\_\_

**Part C: Certifying and updating information in the AVS.** Select only one of the following options and sign below.

I, \_\_\_\_\_, have the express authority to certify that:

- \_\_\_\_\_ Information on the **attached** AVS printout is accurate, complete, and up-to-date.  
(NOTE: If you select this option, an AVS printout must accompany this form. Sign below and do not complete Part D.)
- \_\_\_\_\_ Part of the information on the **attached** AVS printout is missing or incorrect and AVS needs to be updated as indicated in Part D. (Sign below and complete Part D.)
- \_\_\_\_\_ Our company currently has no information listed in the AVS. (This information must be provided as indicated in Part D. Sign below and complete Part D.)

\_\_\_\_\_  
Date\_\_\_\_\_  
Signature\_\_\_\_\_  
Title**Important!**

In order to certify to existing information in Part C, you must obtain a copy of the relevant information from AVS. You may contact the AVS office at 800-643-9748 or request a copy via e-mail from [www.avs.osmre.gov](http://www.avs.osmre.gov) on the Internet.

## PART D:

**Contractor Name:** \_\_\_\_\_

If the current information for your company is incorrect in the AVS or if your company has no information in the AVS, you must provide the information below for the following relationships. Please attach additional information as necessary.

- Company officers (president, vice president, secretary, treasurer, etc.);
- Directors;
- Persons performing a function similar to a Director;
- Persons/companies who own or control 10% or more of the voting stock in your company;
- Partners (if your company is a partnership);
- Members/managers (if your company is a limited liability company);
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted).

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

Name	_____	Position/Title	_____
Address	_____	Telephone #	_____
	_____	% of Ownership	_____
Begin Date:	_____	Ending Date:	_____

## SEE SECTION V –CC AND V –DD OF THE ADDITIONAL TERMS AND CONDITIONS FOR NON-CAPITAL OUTLAY CONSTRUCTION PROJECTS.

### PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C.3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is required to respond to, a collection of information unless it displays a currently valid OMB control number. The information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to average 45 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Office, Office of Surface Mining Reclamation and Enforcement, Room 210 SIB, Constitution Ave., NW, Washington, D.C. 20240.